S. No. 1

PLACE OF DEATH County Le Courty	STATE OF MARYLAND CERTIFICATE OF DEATH
Village or City Salis being (No. 12d. ?	Registration Dist. No. 333
Still & FRILINGING Balry Gland	2 - Woung Windad of street and
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
7 200 SEX 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	18 DATE OF DEATH 19231 (Month) (Day) (Year)
6 DATE OF BIRTH	17 HEREBY CERTIFY, That I attanded the deceased from 193/. to // 5, 193/,
(Month) (Day) (Year)	that I last saw halling on 1971,
7 AGE If LESS than	and that death occurred on the data stated above, at
	The CAUSE OF DEATH * was as follows:
B OCCUPATION (a) Trade, profession or particular kind of work	
(b) General nature of industry business, or establishment in which employed or (employer)	(Durstion)yrsds,
9 BIRTHPLACE (State or country)	Contributory Secondary Diration)yremosds.
10 NAME OF FATHER Sur. Translin alle	(Signed) M. D.
OF FATHER (State or country) (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Was EDIE	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER (State or Country)	At place of deathyrsmosds. In the Stateyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dea.h?
(Informant) 6 603 Ufbalt	Former or usual residence
(Address) WEwows, Mid.	WELLOW DATE OF BURIAL Nov 20, 1931
Filed nov 20 1923/ & Tray June	20 UNDERTAKER ADDRESS ADDRESS ADDRESS ADDRESS
If more bianks are needed, address State Registral	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocgaged in domestic service for wages, as Servani, Cook, Housemaid, etc. If the occupation has been changed laborer, Farm laborer, Laborer-Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of state occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewije, Houseer," etc., nature of the business or industry, and therefore an Civil engineer, whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Foreman, especially in industrial employments, it is neces-For many occupations a single word or term on yrs). without more precise specification as Day Compositor, Architect, Locomotive engineer, stationary freman, etc. But in many For persons who have no occupation (b) Automobile factory. The material 6) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid or as probably such, if impossible to determine definitely. taken. For VIOLENT DEATHS state MEANS OF INJULY can be ascertained as the cause. Always qualify all "(E:haustion," "Heart failure," "Ilaemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("E:haustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, mentelanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-(secondary Whooping approved by Committee on Nomenclature of the (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condicough; or intercurrent) affection need not be Chronic valvular heart disease; etc. The contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BUREAU

FOR BINDING

MARGIN RESERVED

STATE OF MARYLAND-	CERTIFICATE OF DEATH 10400
1. PLACE OF DEATH	Mann.
County Mc comi Co 1 / 9	Registration Dist. No. 3 34
Village or City talisher Well tehow	No P. W. 2 Salishy St. 15 Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,mos	ds. How long in U. S. if of foreign birth?yrs mos ds.
2. FULL NAME Chiah James le	dknes
(a) Residence: No. 1 1 Salistury	St., 15 Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. EOUR OR RACE 5. SINGLE, MARRIED, WIOOWED, (SE DIVORCED (write the word)	21. DATE OF DEATH MV. 22 (Oav) (Year)
5a. If married, widowed, or divorced HUSBAND of	, , , , , , , , , , , , , , , , , , , ,
(or) WIFE of Word Helen (I Neine	22. I HEREBY CERTIFY, That I attended deceased from
4.1 7 1849	., 19, to, 19, 19 death is said
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Oays If LESS than	I last sew h elive on
Co Q 1 1 1 day, hrs.	The PRINCIPAL CAUSE OF OEATII and related causes of Importance
8. Trede, profession, or particular	were as follows:
kind of work done, as SPINNER, Harmer SAWYER, BOOKKEEPER, etc.	Myocardial Implement mulium
kind of work done, as SPINNER. SAWYER, BOOKKEEPER, etc Mulustry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc 11. Total time (yeers)	
SAW MILL, BANK, etc.	
O this occupation (month and spent in this	
year) occupation occupation	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town)	
(State or country)	
14. BIRTHPLACE (city or town) May land	
14. BIRTHPLACE (city or town) May land	Neme ef operation Date of
(State of country)	What test confirmed diagnosis? Wes there an autopsy?
15. MAIOEN NAME Classa Jawa 16. BIRTHPLACE (city or town) Maryland	23. If death was due to external causes (VIOLENCE) fill in also the following:
	Accident, suicide, or homicide? Oate of injury, 19
(State or country)	Where did Injury occur? (Specify city or town, county and State)
17. INFORMAN D. Thank (Address) Ros #2 Salisty Many lavel	Specify whether injury occurred in INOUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL P	Manner of injury
Plece Just um Date 11 10. 27, 197	Nature of injury.
19. UNDERTAKED OF CO. (Address) Jaliefry May land	24. Wes disease or Injury In any way related to occupation of deceesed? Zuo
20 FILED MIN 23 12/ min to m (1000la)	(Signed) Your R Mann. M.D.
Registrar.	(Address) Dalukuy Mrs.
If more blanks are needed address State Penistran	2422 N. Charles Street Baltimore Property 71 C M.

4 (4 ...)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronie interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

of OCCUPA.

1. PLACE OF DEATH County Micanuco Village or City Littorible Man. Village or City Littorible Man. (I) death occurred in a horistal or institution, give in NAME instead of arrost and number) St. Ward (I) death occurred in a horistal or institution, give in NAME instead of arrost and number) St. Ward (a) Residence: No. (b) Residence: No. (c) Residence: No. (c) Residence: No. (c) Residence: No. (c) Residence: No. (d) Residence: No. (d) Residence: No. (d) Residence: No. (d) Residence: No. (e) Residence: No. (f) Residence: No. (i) Residence: No. (ii) Residence: No. (ii) Residence: No. (iii) Residence: No. (i	STATE OF MARYLAND—	CERTIFICATE OF DEATH 13434
Village of City Ittorible Langth of esidence in city or town where death occurred I yrs mos most so institution, give in NAME interest of irrect and number) 2. FULL NAME. JAMA PROVIDED AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINCE, SAFED, WIDOWED, OR DIVORCED Carrier the word) WILL OF BIRTH (month, day, and year) 1. Set I married, widowed, or divorced will substitute of (rest) 1. DATE OF BIRTH (month, day, and year) 2. THERE BY CERT IFV. That I attended deceased from min. 3. Frade, profession, or particular 3. Frade, profession, or particular 3. Frade, profession, or particular 3. Set Ward. 1. Tool time (very) 1. Date of causes of importance were as follows: 2. BIRTHPLACE (city or town) JAMA STATISTICAL PARTICULARS 2. I HERE BY CERT IFV. That I attended deceased from min. 3. Frade, profession, or particular 3. Set Ward. 1. Tool time (very) 1. Set Ward. 1. Set Ward. 1. Set Ward. 1. Tool time (very) 1. Set Ward. 1	1. PLACE OF DEATH	200
Langth of essidence in city or town where death occurred / yrs. mos. 2. FULL NAME	County Nicamico	Registration Dist. No. 33 &
Langth of residence in city or town where death occurred 1. yrs mos de. How long in U. S. if of foreign birth? yrs mos de. How long in U. S. if of foreign birth? yrs mos de. How long in U. S. if of foreign birth? yrs mos de. How long in U. S. if of foreign birth? yrs mos de. How long in U. S. if of foreign birth? yrs mos de. Additional part of the world Manual place of abode) PERSONAL AND STATISTICAL PARTICULARS SEX	Village or City Lettonelle ma.	
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3. SEX 4. COLOR OR RACE OR DIVORCED Comic New word Wishard of Comic New word Wishard Ord Wis		
OR DIVORCED Comitte the word Mushal with the word was a still kind of word done as SPINNER. It is also accounted on the date stated above, at. It is also have occurred on the date stated above, at. It is have one as Still with a stated above, at. It is have occurred in which work was the asset of importance were as follows: The PRINCIPLE ALUSE OF DEATH and related causes of importance were as follows: Date of one asset of words at the cause of importance were as follows: Date of causes of importance were as follows: Date of caus		
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7. AGE Years Months J Days IILESS than 1 day, Introduced in the date stated above, et J A	5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Homes Adkins	
State or country Stat	6. DATE OF BIRTH (month, day, and year) May 16. 1962	Hast saw hew alive on 11-16-3/, 19; death is said
8. Trade, profession, or particular sind of work done, as SPINNER, Amazonife 9. Mouter of business in which work was done as SILK MILL, 30. Mouter of business in which work was done as SILK MILL, 30. Date deceased last worked at the work was done as SILK MILL, 30. Mouter of business in which work was done as SILK MILL, 31. Date deceased last worked at the work was done as SILK MILL, 32. BIRTHPLACE (city or town). 33. MAME MULLORAN FILL AND SPANISH THIS SP	The state of the s	
8. Trade, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEPPER, etc. 9. Midd of work done, es SPINNER, SAWYER, BOOKKEPPER, etc. 9. Midd of work done, es SPINNER, SAWYER, BOOKKEPPER, etc. 9. Midd of work done, es SPINNER, SAWYER, BOOKKEPPER, etc. 9. Midd of work done, es SPINNER, SAWYER, BOOKKEPPER, etc. 9. Midd of work done, es SPINNER, SAWYER, BOOKKEPPER, etc. 9. Midd of work done, es SPINNER, SAWYER, BOOKKEPPER, etc. 9. Midd of work done, es SPINNER, SAWYER, BOOKKEPPER, etc. 9. Midd of work done, es SPINNER, SAWYER, BOOKKEPPER, etc. 9. Midd of work done, es SPINNER, SAWYER, BOOKKEPPER, etc. 9. Midd of work done, es SPINNER, SAWYER, BOOKKEPPER, etc. 9. Midd of work done, es SPINNER, SAWYER, BOOKKEPPER, etc. 9. Midd of work done, es SPINNER, SAWYER, BOOKKEPPER, etc. 9. Midd of work done, es SPINNER, SAWYER, BOOKKEPPER, etc. 9. Midd of work done, es SPINNER, SAWYER, BOOKKEPPER, etc. 9. Midd of work done, es SPINNER, SAWYER, BOOKKEPPER, etc. 9. Midd of work done, es SPINNER, SAWYER, BOOKKEPPER, etc. 9. Midd of work done, es SPINNER, SAWYER, BOOKKEPPER, etc. 9. Midd of work done, es SPINNER, SAWYER, BOOKKEPPER, etc. 9. Midd of work done, es SPINNER, SAWYER, etc. 9. Midd of work done, es SPINNER, SAWYER, etc. 9. Midd of work done, es SPINNER, SAWYER, etc. 10. Date decessed ist worked at this part of the work done of the part of the par	2 9 ormin.	ware on follows:
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15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMSTIDN, DR REMOVAL Place (Address) Date Mas there an autopsy? 20. FILED NAV. 1, 19. 31 Actident, suicide, or homicide? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 17. UNDERTAKER (Address) (Address) (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify whether injury occurred in injury Nature of injury 19. UNDERTAKER (Address) (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify whether injury occurred in INDUS		muse regurgitation.
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMSTIDN, DR REMOVAL Place (Address) Date Mas there an autopsy? 20. FILED NAV. 1, 19. 31 Actident, suicide, or homicide? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 17. UNDERTAKER (Address) (Address) (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify whether injury occurred in injury Nature of injury 19. UNDERTAKER (Address) (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify whether injury occurred in INDUS	H JA DIDTUDI ACT (ALL AND ACT)	Name of operation
15. MAIDEN NAME 16. BIRTHPLACE (city or town) 16. BIRTHPLACE (city or town) 17. INFORMANT (State or country) 18. BURIAL, CREMATION, DR REMOVAL Place 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 10. MAIDEN NAME 11. Maident was due to external causes (VIOL ENCE) filt in also the following: Accident, suicide, or homicide? Date of injury. (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. Manner of Injury. Nature of injury. 19. UNDERTAKER (Address) 16. BIRTHPLACE (city or town) Accident, suicide, or homicide? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. Manner of Injury. Nature of injury. 19. UNDERTAKER (Address) 16. Signed) 17. INFORMANT (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. (Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. (Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. (Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. (Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. (Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. (Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. (Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. (Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. (Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. (Specify city or town, county and State) Specify whether injury occurred in INDU	(State or country) Juster July Gela	
(Specify city or town, county and State) 17. INFORMANT Assisted As Allered Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. (Address) Statistics Manner of Injury Place Sums Geme Date NOV: / 8, 19. 3/2 Nature of injury 19. UNDERTAKER M. Carlia Watson (Address) Survey Lee Survey	15. MAIDEN NAME annie Mr. melson	-
(Specify city or town, county and State) 17. INFORMANT Assisted As Allered Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. (Address) Statistics Manner of Injury Place Sums Geme Date NOV: / 8, 19. 3/2 Nature of injury 19. UNDERTAKER M. Carlia Watson (Address) Survey Lee Survey	5 16. BIRTHPLACE (city or town) Millston	Accident, suicide, or homicide? Date of injury, 19
17. INFORMANT Assert Alburg . 18. BURIAL, CREMATION, DR REMOVAL Place Awar General Date NOV. 18., 19. 31 19. UNDERTAKER M. Carla Watser 24. Was disease or injury In one way related to occupation of deceased? If so, specify 20. FILED NOV. 17., 19. 31 Land J. Lrutt (Signed) Land Carlage M. D.	(State or country) Sussex Co, Delaway	Where did injury occur?
Place Twis Cem: Date NOV: 18, 19.3! Nature of injury 19. UNDERTAKER M. Carba Watson (Address) S. Uryslle Del: (Signed) Frank C. (Signed) Frank C. (Signed) M. B. M. D.		Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
19. UNDERTAKER M. Pasha Watter 24. Was disease or injury In one way related to occupation of deceased? Was (Address) Self-Will Del If so, specify (Signed) Frank Company M. D. M. D. (Signed) Frank Company M. D.	18. BURIAL, CREMATION, DR REMOVAL Place Junio Com. Date NOV: 18, 19.31	
20. FILED NOV. 17, 19.3 Leland J. Trintt (Signed) Franklet greet M. D.		24. Was disease or injury In ony wey related to occupation of deceased? 200
Registrar. (Address) - Machine 1164.	2412 -1 -1 -1 -1 -4	-te a - b (f .) - 2 .

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to rotirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	4.0
The principal cause of death and related causes of importance were as follows:	- Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Corebral hemorrhage	July 5,1927	Peritonitis	3 days ago
	i	•	
BUV HARRITH		٧.,	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE I	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1

STATE OF MARYLAND—CERTIFICATE OF DEATH 13495				
1. PLACE OF DEATH ,				
County Williamonnes	Registration Dist. No. 333			
Village or City Salishury, John B.	are in Home for the earl st. 9 ward			
vinage of City of Line 15 (If	death occurred in a hospital or institution, give its NAME jestead of street and number)			
Length of residence in city or town where deeth occurred 2 yrs, 1 mos.	ds. How long In U.S. it of foreign birth? yrs. mos. ds.			
2. FULL NAME Supplied tolla Ba	son!			
(a) Residence: No. John B. Parsons 2 (Qual place of abode)	Post, ne Ward. Lawel Delaware If nonresident give city or town and State			
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH			
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH			
OR DIVORCED (write the word)	nov. 6 1931			
Temale While Jugle	(Month) (Day) (Year)			
5a. If married, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY. Thet I attended deceased from			
(or) WIFE of	nov, 1 193 (to nov. 6 1931			
1 St CIERT	Hest saw he alive on new 5 193 deeth is said			
6. DATE OF BIRTH (nionth, day, end year) 7. AGE Yeers Months Days If LESS than	to heve occurred on the date steted above, et 5 A. m.			
1 day bee	The PRINCIPAL CAUSE OF DEATH and related ceuses of importance			
74 2 / rady, mis.	were as follows:			
8. Trade, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	PO - 0 x x m.11 - 0			
SAWYER, BOOKKEEPER, etc.	Chronic Interstition Nephritis?			
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc 11. Totel time (years) this occupation (month end				
Dete deceased last worked et 11. Totel time (years)				
this occupation (month end spant in this year)				
9 0 4 0.	Other Contributory Causes of Importance:			
12. BIRTHPLACE (city or town) Loursel Ost. (Stete or country)	1			
	Johanna			
13. NAME John L. Bacon 14. BIRTHPLACE (city or town) Lawrel Del.				
7 14. BIRTHPLACE (city or town) Laurel Del.	Neme of operation			
(State of country)	Whet test confirmed diagnosis? Wes there en eutopsy?			
15. MAIDEN NAME amelia Beech	23. If deeth was due to externel ceuses (VIOLENCE) fill in elso the following:			
16. BIRTHPLACE (city or town) Laurel Del.	Accident, suicide, or homicide? Date of Injury, 19			
S (State or country)	Where did injury occur?			
17. INFORMANT Mrs Lonia B. Shoclely	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.			
(Address) Salisbury, Md				
18. BURIAL, CREMATION, OR REMOVAL, I A near Laurel	Menner of injury			
Place Home Burying Late Mov. 7, 1937	Nature of injury			
The Will de attend me Da	24. Wes disease or Injury in any way related to occupation of deceased?			
19. UNDERTAKER MU PAN CON CON (Address)				
muiess) valiables of the	If so, specify			
0. FILED 100 7, 1931 V May June	(Signed) M. D.			
Registrar.	(Address) State Bullings Boundary \$1.5 No.			

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	i de la companya de l	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Corebral hemorrhage	July 5,1927	Peritonitis	3 days ago
PUREAU V.B.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			-

V. S. No. 1

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STATE OF MARYLAND	CERTIFICATE OF DEATH 15496
1. PLACE OF DEATH	Registration Dist No. 335
County Mergy CO	Registration Dist. No. 933
Village or City NEW Otransformer	No. St., Ward f death occurred in a hospital or institution, give its NAME instead of street and number)
	sds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME / tallase D. Drog	154)
	C4 Mand
(a) Residence: No. (Usual place of sbode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX A. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH / 00 30 , 193 / (Month) (Dey) (Yaar)
5a. If merried, widowed, or divorced	(Month) (Dey) (Yaar)
HUSBAND of (or) WIFE of	22. HEREBY CERTIFY, That I attended deceased from
not	- (CU // 198/ to (Law /9 , 103/
6. DATE OF BIRTH (month, dey, end year)	l lest sew h elive on 200/9, 193 ; deeth is seld
7. AGE Yeers Months Deys If LESS than	to heve occurred on the date steted above, etm.
ormin.	The PRINCIPAL CAUSE OF DEATH end releted ceuses of Importence were es follows:
R. Trede, profession, or perticuler kind of work done, as SPINNER,	Malnubulin
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 1. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc 10. Dete deceesed lest worked et	-
work was done, es SILK MILL, SAW MILL, BANK, etc.	
10. Dete deceesed lest worked et 11. Totel time (yeers)	
o this occupetion (month end spant in this occupetion	
12 BIRTHEL ACT (situate town)	Other Contributory Causes of importence:
12. BIRTHPLACE (city or town)(State or country)	
13. NAME UNKNOWN	
13. NAME UNKNOWN 14. BIRTHPLACE (city or town)	Neme of operation Date of
(Stete or country)	Whet test confirmed diagnosis? Wes there en au/opsy?
15. MAIDEN NAME Amanda Prowe	23. If deeth wes due to externel ceuses (VIOLENCE) fill In also the following:
15. MAIDEN NAME Amanda forowa 16. BIRTHPLACE (city or town)	Accident, sulcide, or homicide?
Stete or couplry)	Where did injury occur?
17. INFORMANT Horgas M. Drown (Address) Mardela Mis	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Plece LOW Date NEG. [193/	- Neture of injury
OTA Gravenor Holon	24. Wes disease or injury in eny way related to occupation of decaased?
19. UNDERTAKER Sharplown Mit.	If so, specify
1 2 am	(Signed) S. Suhlusa M.
20. FILED Dec 1, 1931 Mary E. Mann.	(Address) Dharplown hid

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury eausing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example-I	-1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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S. No.

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Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
1 BUDANE			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

1. PLACE OF DEATH	CERTIFICATE OF DEATH
County Miconicas	Registration Dist. No. 333
· NV	No. 271 St., St., War If death occurred in a hospital or institution, give its NAME instead of street and number)
X:100	s. ds. How long in U.S. if of foreign hirth?yrsmos d
2. FULL NAME Cluser	12
(a) Residence: No. VII WWW (Usual place of abode)	St., / Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE CORDINARRIED, WIDOWED, OR DINORCED (rupite Me word)	21. DATE OF DEATH MAN. (Bay) (Yeer)
HUSBANO of HUSBANO of Cory WIFE of Jacob C. Causey	22. I HEREBY CERTIFY, That I attended deceased fro
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than 1 day, hrs. or min.	I last saw have elive on / No. 30 Am 19.3/; death is sa to have occurred on the date stated above, at \$50 Am
8. Trade, profession, or particular kind of work done, as SPINNER, Petal Clerk 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Oate deceased last worked et this occupation (month and	Carriage of Dlamack
year) occupation occupation	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) (State or country) 13. NAME Cluster 14. Causey	
13. NAME LOUR PL. Churchy 14. BIRTHPLACE (city or town)	Name of operation
(State of country)	What test confirmed diagnosis? Was there an aulopsy?
15. MAIDEN NAME Clipalet Course 16. BIRTHPLACE (city or town) (State or country) Therefore	23. If death was due to exteroal causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
17. INFORMANT Mes frick C. Causey, (Address) Selesbury, Mr.	(Specify city or lown, county and State) Specify whether Injury occurred In INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION. OR REMOVAL Place Concess Concess [1]/17/31,19	Manner of injury
19. UNDERTAKER SUBJECT A STATE CO. (Address) Selection of the state o	24. Was disease er injury in any wey related to occupation of deceased?
20. FILEO NOV 12, 1931, F. May Jumes Registrar.	(Signed) M. (Address) Lakey 200

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11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the discase, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	17	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
RUPSAU V	8		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1928	Gastroenteritis	1 year

County	Zirlon	uso			Registration [Dist. No. 3	3.7
Village or C	ity Tya	ikin		No		St.,_	Ward
Length of resi	dence in city or town who	re death occurred	4	death occurred in a horpital or death occurred in a horpital occurred in a hor	S. if of foreign birth?		
2. FULL NA	ME Gen	trude 2	Loxura	y			
(a) Residen			1	St., Ward.			
		(Usual place		0		rive city or town a	
	AL AND STATIS				L CERTIFICATE	OF DEATH	
Female	4. COLOR OR RACE		RIED, WIDOWED, D (write the word)	21. DATE OF DEAT	Month)	29 (Day)	, 193 / (Yeer)
If married, widow HUSBAND of	ed, or divorced	4	1				
(or) WIFE of		/		22. HERE	BY CERTIFY	, Thet I ettend	ed deceesed from
DATE OF RIPTH	(month, day, and yeer)	V		t tast saw has alive o		26193	()
AGE Yea		Days	If LESS than	to have occurred on the date		/_m.	,
1.	5 1	7.3	1 day, hrs.	The PRINCIPAL CAUSE OF were as follows:	DEATH end related cause	s of importance	15
Trade, profes	ssion, or particular vork done, as SPINNER,			Valend	- Henry	dis	Date of one
SAWYER,	BOOKKEEPER, etcbusiness in which	- MA	ZU	-			0
work was	s done, as SILK MILL, L. BANK, etc.					0 - 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4 -	
Date decease this occu	ed last worked at pation (month and	spe	ime (years) nt in this				
BIRTHPLACE (cl	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	rashin.	Ma	Other Contributory Causes of	importance:	= fine	18.6
(State or cour		/				Dave	Jun
13, NAME	willia	n loo	nuxy				
14. BIRTHPLACE	(city or town)	Md		Namo of operation		Date of	
(State or	country)		0	What test confirmed diagnos	is?	Was there e	n eutopsy?
15. MAIDEN NA	ME Stell	la To	night	23. If deeth wes due to extern	al causes (VIOLENCE) fill	in also the follow	ing:
	(city or town)	Mg	<i></i>	Accident, suicide, or homicid	e?	ate of injury	, 19
(State or	country)			Where did injury occur?	(Specify city or I	own, county and S	itate)
17. INFORMANT BUILLIAM CAMPAGE (Address) 18. BURIAL, CREMATION, OR REMOVAL		Specify whether injury occur	red in INDUSTRY, in Hol	ME, or In PUBLIC	PLACE.		
		Menner of injury					
Place.	yaspu	My Oate 220	V20,19.3/	Nature of Injury			
UNDERTAKER (Address)	Maskan	Lessich +	Sons	24. Was disease or injury in	any way related to occupa	tion of deceased?	Smy
FILEDMON	30,1931 JP	Woolso	31/201	(Signed)	even		M.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I		Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
PETTAU VI		· ·	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenterilis	1 year

should state Exact statement of OCCUPA-WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-PHYSICIANS stated EXACTLY. properly classified. FOR BINDING TION is very important. See instructions on back of certificate. MARGIN RESERVED CAUSE OF DEATH in plain terms, so that it may be mation should be carefully supplied. AGE should be -WRITE PLAINEY,

	CERTIFICATE OF DEATH
1. PLACE OF DEATH	1.15/10/10
County Miconics	Registration Dist. No.
Village or City Salushing Ind P. Storpitag	No. St., 3 Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos	
2. FULL NAME Pictured Denn forober	
(a) Residence: No. Killards, Whd	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED. OR DIVORCED (write the word)	21. DATE OF BEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Son of Channes To. Cooper	22. I HEREBY CERTIFY. That I attended deceased from 2, 193, to 1/2 2 , 193
6. DATE OF BIRTH (month, day, end year)	I last saw base alive on 112 32 , 193 ; death is sald
7. AGE Years Months Deys If LESS than	to have occurred on the dete steled above, at
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as softwars:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	12mor Promis
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceesed last worked et this occupation (month and	
10. Date decesed last worked et this occupation (month and year)	
12. BIRTHPLACE (city or town) Willards md. (State or country)	Other Contributory Causes of importance:
W 13. NAME Clarane En Coorden	
14. BIRTHPLACE (city or town) Hellasthett	Name of operation
(State or country) mil	What test confirmed diagnosis? Clease Was there an autopsy? Ha
15. MAIOEN NAME Stole Locatton	23. If death was due to external causes (VIOLENCE) fill in elso the following:
15. MAIOEN NAME Stolla. Livettone. 16. BIRTHPLACE (city or town) Near Stollar.	Accident, suicide, or homicide? Date of Injury, 19
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT O BOLT CHARLE EN LO OFFICE ?	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Carper Country Date Mrs 23, 19.31	Nature of Injury
19. UNDERTAKER Wy Bosward Wells	24. Was disease or injury In any way related to occupation of deceesed?
20. FILEO Nov 227331. L. May Jurnes	If so, specify (Signed) M. D.
Registrar.	(Address)
If more blanks are keeded, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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10.—The month and year the deceased last worked at the occupation.

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Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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9.—The industry or business in which the work was done.

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Example-I		Example II		
The principal cause of dea of importance were as follow	th and related causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	mma 4 3001	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	LILL T LIGH	1921	Run over by street car	1 week ago
Cerebral hemorrhage	THREAU V.	July 5, 1927	Peritonitis	3 days ago
Other contributory causes	of importance:		Other contributory causes of importance:	
Gallstones	1.01	May 1,1923	Gastroenteritis	1 year

	D	1
Every item of information should be carefully supplied. ACE should be stated EXACTLY.	fle	statement of OCCUPATION is very important. See instructions on back of certificate.
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PLACE OF DEATH County Miconics Village or City Delma (No	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 336 St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of atreet and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Hold Single, Married Wildowed. OR DIVORCES (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
Jel (Month) (Day) (Year)	that I last saw h Malive on MOV, 192,
7 AGE S S S S S S S S S	and that death occurred on the date stated above, at 10.45 9m. The CAUSE OF DEATH * was as follows: Sussuit Sufficients
(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	(Durstion) yrs mos ds.
9 BIRTHPLACE (State or country) Forth Carolina	Centributory Secondary (Deretion) yes de.
10 NAME OF FATHER Suttles Dasfiell II BIRTHPLACE OF FATHER (State or country) Moth Garolina 12 MAIDEN NAME OF THE PROPERTY O	*State the Disease Causing Death, or, in desths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
12 MAIDEN NAME OF MOTHER OF MOTHER OF MOTHER (State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of deathyrsmosds. Where was disease contracted, if not at place of death?
(Informant) Pro C. Dashill	Former or usual residence

If more bianks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

Registrar

20 UNDERTAKER

ADDRESS

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken Spinner, (b) Cotton mill; (a) Salesman. sary to know (a) the kind of work and also (b) the tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Capit, definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement to report specifically the occupations of persons enetc., Foreman, For many occupations a single word or term on especially in industrial employments, it is neces-Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day For persons who have no occupation (b) Automobile factory. The material (b) Grocery,

Statement of Cause of Death—Name, first, the Disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,");

answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

(Recommendations on statement of cause of death telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, American Medical Association.) approved by Committee on Nomenclature of the or as probably such, if impossible to determine definitely. "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease stated unless important. carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS STATE MEANS OF INJUNY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-If this certificate is looked over thoroughly and all questions "Atrophy," "Collapse," "Coma," "Convulsions, peritonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-Chronic etc. The contributory valvular heart disease;

V. S. No. 1 N. B.—

1. PLACE OF DEATH	158
County Maconics	Registration Dist. No. 3333
Village or City Salsolung	No. Il. XICML MOSPULET, SWARD (Instead of street and number)
Length of residence in city or town where death occurredyrsmo	33 _ds. How long to U.S. if of foreign birtb? yrs mos ds.
2. FULL NAME Suchant Danny	
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (parite the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of	22. HEREBY CERTIFY That I attended deceesed from
1 1011	1907, 10
6. DATE OF BIRTH (month, day, end yeer) // / / / / / / / / / / / / / / / / /	I last saw have alive on 19 31; deeth is said
1. Ade leeds months bays in Less than	to have occurred on the date stated above, etm. The PRINCIPAL CAUSE OF DEATH and related causes of importance
lormin.	were as follows: Date of onset
8. Trade, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	0- Fe - 1-6
7 Industry or business in which	man juic
work wes done, as SILK MILL, SAW MILL, BANK, etc	
10. Date deceased last worked at this occupation (month and wo year) year) Occupation Occupation	
Solipling School	Other Coatributory Causes of importance:
12. BIRTHPLACE (city or town) Summung (State or country) Md	•
13. NAME IL The Donners	
13. NAME The Donner of 14. BIRTHPLACE (city or town) Whaleys wife	Name of operation Date of
(State or country)	What test confirmed diagnosis?
15. MAIDEN NAME Elva Hudson	23. If deeth was due to external causes (VIOL ENCE) fill in elso lhe following:
15. MAIDEN NAME Elva Hudson 16. BIRTHPLACE (city or town) Piterille	Accident, suicide, or homicide? 20 Oate of injury 19
(State er country) W.d	Where did injury occur?
17. INFORMANT And Ho Dennis (Address) Pitan No Mid	(Specify city or town, county and State) Specify whelher injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Parkers Comtingate Nov 10th 1931	- Nature of injury
19. UNDERTAKER W. Howard Wells	24. Wes diseese or injury in any way related to occupation of deceased?
(Address) Pittorifle, Md	If so, specify
20. FILED Mov. 8, 1931. T. May June Registrar.	(Signed) M. D
If more blanks are needed, address State Registrar	, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

STATE OF MARYLAND-CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

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11.—The number of years the deceased followed the occupation,

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

STATE OF MARTLAND	CERTIFICATE OF DEATH 13504
1. PLACE OF DEATH	200
County Hilomile	Registration Dist. No.
Village or City Salesbury	No Proce + Pine St. 13 Ward
(If	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred 3 yrsmos	ds. How long in U.S. if of foreign birth?yrsmos ds.
2. FULL NAME alfred L. Ellion	
0 1 0 0	St. 13 Ward
(a) Residence: Nolumber of Abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OF RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the ford)	21. DATE OF DEATH / 16 . 193/
5a. If married, widowed, of divorced	(Month) (Day) (Year)
HUSBAND of Casing Elliott	22. I HEREBY CERTIFY. That I attended deceased from Nov. 12 1931, to New 16, 1931
6. DATE OF BIRTH (month, day, and year) Mar. 4. 1846	I last saw h _ alive on _ h ~ 15 ,193/ ; death is said
7. AGE Years Months Days If LESS than	to heve occurred on the date stated above, at \$50.9 m.
85 8 /2 Iday, hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importence were as follows:
Trade profession or particular	were as follows:
Nind of work done, as SPINNER, Saweffer	Munch Premaria
Andustry or business in which	
work wes done, as SILK MILL, SAW MILL, BANK, etc.	
0 10. Oete deceased lest worked at this occupation (month and spent in this	1
year) eccupation (month and spent in this	
12. BERTHPLACE (city or town) Welersan	Other Contributory Causes of importance:
(State or country)	Experience
13. NAME Buton Elliott	
14. BIRTHPLACE (city or town) Vilenae	
14. BIRTHPLACE (city or town)	Name of operation
(State or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME May Higgs.	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?, 19, 19,
∑ (State or country)	Where did injury occur?
17. INFORMANT Me Dasing Elliott Md.	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Pareons Cem. Date HWW 18. 1931	Nature of injury
1101 +0	20_
19. UNOERTAKER ATTEMPT TO	24. Was disease or injury In any way related to occupation of deceesed?
(Address) Saluffy Maryland	If so, specify
20 FILED Nov /8 19 311, & May Junes	(Signed) M. O
Registrar.	(Address)
If more blanks are needed, address State Registrar.	2411 N. Charles Street. Baltimore. Requesting V. S. No. 1.

CTATE OF MADVIAND CEDTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk,

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, c. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	A PARAGEMENT OF THE PARAGEMENT	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of cpilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Corebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUPEAU V S			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

1. PLACE OF DEATH	10300
County / Coysulo	Registration Dist. No. 335
Village or City Newson	NoSt.,Ward
(If Length of residence In city er toxA) where death occurred \(\int \) yr \(\text{yr} \) mos	death occurred in a hospital or institution, give its NAME instead of street and number)
1/2001 1/6	L'A
2. FULL NAME I MOMON 11, Origin	
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OF RACE OR DIVORCED (Abrite the word) OR DIVORCED (Abrite the word)	21. DATE OF DEATH Of SA, 193/Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, end year) March 4 1845	I last saw has alive on Not 23 , 1931; death is sald
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, etm.
86 11 8 00 ormin.	The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc.	Buccal Surfact & Mouth, about
9. Industry or business in which work wes done, as SILK MILL, SAW MILL, SAW MILL, BANK, etc. 10. Date deceased last worked et this occupation (month end spant in this spant in this	
SAW MILL, BANK, etc	
10. Date deceased last worked et this occupation (month end year) year)	
ml.	Differ Coatributory Causes of importance:
12. BIRTHPLACE (city or town) (State or cruthy)	
13. NAME DEVIM / Conglish	
13. NAME WENT / Organo	Name of operation Date of
(State or country)	What test confirmed diagnosis? Was there en au'opsy?
15. MAIDEN NAME Olizabeth & auffor	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Clizabeth dayfor 16. BIRTHPLACE (city or town).	Accident, suicide, or homicide? Date of Injury, 19
(State or couply)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Shermean inglish	Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, DR REMOVAL	Manner of Injury
Place Sugrification Date / 00. 2 6, 193/	Nature of injury.
19. UNDERTAKER I. N. Francisco Hoso (Address) Sharbtourn. Mis	24. Was disease or injury in any way related to occupation of deceased?
20. FILED Nov. 25, 1931 mary E. mann Registrar.	(Signed) N.S. Makhum M.D. (Address) Carpeton M.A.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

STATE OF MARYLAND-CERTIFICATE OF DEATH

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ate of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915		1
1010	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
uly5,1927	Peritonitis	3 days ago
ay 1,1923	Other contributory causes of importance: Gastroenteritis	1 year
	ly 5,1927	ly5,1927 Peritonitis Other contributory causes of importance:

ADDITIONAL S	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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N. B.--Every Item of Information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important, see instructions on back of certificate. CORD NLT, WITH UNFADING INK-THIS IS A PERMANENT WRITE PL

MARGIN RESERVED FOR BIND

14	•	15506
	PLACE OF DEATH	STATE OF MARYLAND
	County Wicomico	CERTIFICATE OF DEATH
		122
V	10 10	Registration Dist. No. 000
A	Village or City Allesheug Both	1. Assignation (if death occurred in a hospital or institu-
	2FULL NAME Holda Smillit	Seaford Definition, give its NAME II - Steed of street and number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, Married	16 DATE OF DEATH
	Temale III feet (Write the word)	, 1931
	6 DATE OF BIRTH	(Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended the deceased from
	DATE OF BIRTH	// M 193 /. to 3 1 15 AM, 1923 /.
	(Month) (Day) (Year)	
	(Month) (Day) (Year) 7 AGE f LESS than	that I last sew her elive on 731, 1924,
	// / / l dayhrs.	end that death occurred on the date stated above, at
	yrsds. ormin.?	Bullonge of Mercury
4	a OCCUPATION (a) Trade, profession or for T 11/2	saisaning P
	particular kind of work Telelony Market	(Duisidate)
4	(b) General nature of industry business, or establishment in	The state of the s
+	which employed or (employer)	(Duration)yrstnosds,
	9 BIRTHPLACE (State or country)	Contributory Secondary
	Nellware.	(Durstian) yrs mos de,
	10 NAME OF ATHER WALLS	(Signed) Tolias y Trisher M. D.
	11 BIRTHPLACE) I MI I ON	11/1, 1923 MAddress) Salesburg Wild
	of FATHER Whalley will	*State the Discase Causing Death, or, in deaths from
	(State or country) MAA 12 MAIDEN NAME 12 MAIDEN NAME 12 MAIDEN NAME 13 MAIDEN NAME 14 MAIDEN NAME 15 MAIDEN NAME 16 MAIDEN NAME 17 MAIDEN NAME 18 MAI	*State the Disease Causing Death, or, in daths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
	of MOTHER Mary Hell	18 LENGTH OF RESIDENCE (For Hospitels, Institutions, Trans- ients or Recent Residents)
I	13 BIRTHPLACE OF MOTHER Cofficient	At place In the
	(State or Country) Delaware.	of death yrs mos ds. State yrs mos ds.
	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death)
	(Informant) Wildred Cononay,	Former or usual residence Althord Allaware
	(informant)	19 PLACE OF BURIAL OR REMOVAL
	(Address) I lafora, NE!	Concord, Del. Nov. 3, 1931
	15 57 1 How 1,0031 1- May Junes	20 UNDERTAKER THE ADDRESS
	Filed 1000, 1-1921, 10 Cay Registrar	My Warson Seaford del
	If more branks are needed, address State Registrar	, 16 W. Saretoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a er," etc., without more precise specification as Luglaborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, should be used only when needed. additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an sary to know (a) the kind of work and also (b) the tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (re-tired 6 yrs). For persons who have no occupation or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken Never return "Laborer," "Foreman," "Manager," "Deal-Civil engineer, the first line will be sufficient, e. g., Farmer or Planter, worked on may form part of the second statement. Physician, Compositor, Architect, Locomotive engineer, Foreman, For many occupations a single word or term on especially in industrial employments, it is neces-(b) Cotton mill; (a) Salesman, (b) Automobile factory. The material Stationary fireman, etc. But in many As examples: (a) 6 Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Debility" ("Congenital," "Senile," etc.), "Dropsy, "E.haustion," "Heart failure," "Haemorrhage, American Medical Association.) approved by Committee on Nomenclature tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. (secondary or intercurrent) Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., oi unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY Chronic valvular heart disease; Example: Measles (disease ," "Coma," "Convulsions, affection need not be etc. The contributory Measles; death

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

1PLACE OF DEATH

Count	y Wicomes		147)	CERTIFICATI
Village	or City Salisbury	med (No. yew. Gen	Thospital	Registration St.: /3 Ward
riy cta		s Ida E. Hal		rel elel
DO PE	ERSONAL AND STATIST	ICAL PARTICULARS	MEDIC	AL CERTIFICATE
3 SEX	le white	5 SINGLE, MARRIED, MOUVED OR DIVORCED (Write the word)	16 DATE OF DEATH	Nov (Month)
s or	OF BIRTH No.	(Day) , 1904	'Y	CERTIFY, That I at
	27 yrs. 0 ATION de, profession or 9 lar kind of work	mos. 19 ds. or min.?	and that death occur The CAUSE OF DEAT	red on the date state
busines which e	e or country) Lleler	vav-	Contributory Secondary	(Duration)
S N O C III BI OF C III OF C I	RTHPLACE FATHER State or country) AIDEN NAME	Joseph	(Signed)	(Address) Juliana (Address) Ju
OCCUPA 13 BI	RTHPLACE MOTHER State or Country) BOVE IS TRUE TO THE BEST	Délaware,	IB LENGTH OF RE. V, ients or Recent Re At place of deathyrs	fn the Sta
0	ormant) Pen. Jen.		Former or usual residence. 19 PLACE OF BURIAN LOS BN DERTAKER	Juny Or
Filed		Registrar	Hollong	Flo. Balto., Requesting V.
	at the state of th		·	

STATE OF MARYLAND

13507

CERTIFICATE OF DEATH

Dist. No. (If death occurred in a hospital or institu-tion, give Its NAME in-stead of street and number.) OF DEATH(Day) (Year) tended the deceased from 25 ,1931 d above, at 11:55 Pm. M. D. in deaths from and (2) Whether or, in tals, Institutions, Trans-

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) fulness of various pursuits can be known. The quescupation is very important, so that the relative healthtired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed as At school, or At home. Care should be taken laborer, Farm laborer, Laborer-Coal mine, etc. Wom-en at home, who are engaged in the duties of the additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (redefinite salary), may be entered as Housewife, Houseworked on may form part of the second statement.

Never return "Laborer," "Foreman," "Manager," "Dealor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Foreman, especially in industrial employments, it is neces-For many occupations a single word or term on (b) Cotton mill; (a) Salesman, without more precise specification as Day Compositor, Architect, Locomotive engineer, For persons who have no occupation (b) Automobile factory. The material (6) Grocery;

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carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely, and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, "PUERPERAL seplicacmia," "PUERPERAL perilonilis," etc. can be ascertained as the cause. Always qualify all "('Ezhaustion," "Heart Lanue,
"('Inanition," "Marasmus," "Old Age," "Shock,"
"('Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Enhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. (secondary or intercurrent) affection need not be Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as approved (Recommendations on statement of cause of death telanus) may be stated under the head of "contributory." Examples: Accidental drowning; Struck by railway train-American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY by Committee on Nomenclature of the and consequences (e.g., sepsis, Example: Measles (disease Measles;

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
RUBBAU V.S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

7. AGE Years Months Days If LESS than I day, hrs. or min. 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Thoustry or business in which work was done, as SILK MILL, SAW MILL, BAIK, etc. 10. Date decessed last worked at this occupation (month end year) (State or country) 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. Months 15. Days 16 LESS than I day, hrs. or have occurred on the date stated above, at. 2 12 m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: 16. Days 17. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: 18. Trade, profession, or particular kind of work done, as SPINNER, SAW MILL, BAIK MILL, SAW MILL, SAW MILL, BAIK MILL, SAW MILL, BAIK MILL, SAW MILL, BAIK MILL, SAW MILL, BAIK MILL, SAW MILL, SAW MILL, BAIK MILL, SAW MILL, BAIK MILL, SAW MILL,	Stale 193 (Yoar)
Village or City. No. On An Ampiral or institution, give its NAME instead of street and in Length of residence in city or town where death occurred. Jyrs. mos. ds. How long in U. S. if of foreign birth? Ward. If nonresident give city or town and S. How long in U. S. if of foreign birth? PERSONAL AND STATISTICAL PARTICULARS J. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED Consist in word) OR DIVORCED Consist in word of (or) Wife of (or)	otale 193 (Yoar)
Length of residence in city or town where death occurred. Length of residence in city or town where death occurred. Length of residence in city or town where death occurred. Length of residence in city or town where death occurred. Length of residence in city or town where death occurred. Length of residence in city or town where death occurred. Length of residence in city or town where death occurred. Length of residence in city or town where death occurred. Length of residence in city or town where death occurred. Length of residence in city or town where death occurred. Length of residence in city or town where death occurred. Length of residence in city or town where death occurred. Length of residence in city or town where death occurred. Length of residence in city or town where death occurred. Length of residence in city or town where death occurred. Length of residence in city or town and so the length of the feet of the company	otale 193 (Yoar)
Length of residence in city or town where death occurred yrs, mos. ds. How long in U. S. if of foreign birth? yrs, mos. 2. FULL NAME (a) Residence: No. (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write this word) OR DIVORCED (write this word) Se. If married, widowed, or divorced HUSBAND of (or) WIFE of	Stale 193 (Yoar)
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12. BIRTHPLACE (city or town) (State or country) 13. NAME Was Dey Handy 15. Definition occupation Other Contributory Causes of importance: Other Contributory Causes of importance: Other Contributory Causes of importance:	11/01
12. BIRTHPLACE (city or town) (State or country) 13. NAME Was Dey Handy Occupation Other Contributory Causes of importance: Other Contributory Causes of importance: Other Contributory Causes of importance:	10/14
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(State or country) (State or country) Monday Monday	
13. NAME Was Day Handy guhin,	
(State or country)	
what test confirmed diagnosis?	topsy?
15. MAIDEN NAME 2.3. If death was due to external causes (VJOLENCE) fill in also the following: 16. BIRTHPLACE (city or town) Date of Injury (State or country)	
16. BIRTHPLACE (city or town) Date of Injury Date of Injury	, 19
(State or country) Where did injury occur? (Specify city or town, county and State	
17. INFORMANT Specify whethar injury occurred in INDUSTRY, In HOME, or in PUBLIC PLA (Address)	E,
18. BURIAL, CREMATION, OR REMOVAL MANNEY MANNEY OF INJURY	
Place Hitty Chapel Cam Date Note 10, 1931 Neture of injury	
19. UNDERTAKER Cales of United 24. Was disease or injury in any way releted to occupation of deceased? If so, specify.	J
20. FILED HOV. I, 1931. D. May June (Signed) There R. Man. Registrar. (Address) Dalestoney me	M. [
If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:		The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Perilonilis	3 days ago
PTPTATV	3-11-		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

FOR BINDIN

MARGIN RESERVED

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(52)
County Merry	Registration Dist. No. 333
Village or City Schooling	No. 308 Mary land USR, 13 Ward
Length of residence in city or town where death occurred 71 yrsmos	f death occurred in a hospital or institution, give his NAME instead of street and number) ds. How long In U.S. if of foreign birth? yrs mos. ds.
2. FULL NAME Paul Common Hos	bins
(a) Residence: No. 308 Mausland who) St., 13 Ward.
(Urual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR BLYORCED (write the word)	21. DATE OF DEATH Row. 11
5a. If married, widowed or divorced	(Month) (Day) (Year)
(or) WIFE of May borking	22. HEREBY CERTIFY. That I attended deceased from
Au N. 1888	19 de to 11 3/190/
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	to have occurred on the date stated shove, at 350 mm
4V 10 13 1 day, hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
Trade, profession, or particular kind of work done, as SPINNER,	Date of onset
SAWYER, BODKKEEPER, etc.	If then Jacoma: Jun 3
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	Chemary in a male, in the middle
10. Data deceased last worked at this occupation (month and ///9/4) 11. Total time (years) spent in this	of his book. Cutt.
year)	Other Contributory Causes of importante from to his death.
12, BIRTHPLACE (city or town)	metadores in glands of Poth axillae 34
(State or country)	- some brain condition.
13. NAME JAN J. HAPPAS	P
13. NAME () 14. BIRTHPLAGE (city or town) M	Name of operation Dale of living 3)
(State or country)	What lest confirmed diagnosis Leader Was there an autopsy? 77.0
15. MAIDEN NAME July 4: Report	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME (Inlig (4. Helsele) 16. BIRTHPLACE (city or town) Musical (State or country)	Accident, suicide, or homicida?
Min & Colored Wall	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT (Address) lishuud, M.	Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, DR REMOVAL	Manner of injury
Place Date // Date // 19	Nature of injury
19. UNDERTAKER ILE NILLA OF TRANS (8. (Address)	24. Was disease or injury in any way related to occupation of deceased? 750
May 13 31 /8/200 01	If so, specify
20. FILED 19, 1991. Whay I would Registrar.	(Signed) M.D. (Address) MINTER WAS M.D.
If more blanks are needed, address State Registrat,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	1.0
The principal cause of death and related causes of importance were as follows:	Date of coset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
DUREAU V	1		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER	STATEMENTS	BY	PHYSICIAN
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mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state Exact statement of OCCUPA-.-WRITE PLAINEY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-CAUSE OF DEATH in plain terms, so that it may be properly classified. MARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate.

V. S. No. 1

SIAIE OF	MARYLAND-	CERTIFICATE OF DEATH
1. PLACE OF DEATH		
County Wicomies	T	Registration Dist. No. 333
Village or City Near Sal	istrury	No. 09.74.5 # 3 St. 5 Ward
Length of rasidence in city or town where death		If death occurred in a hospital or institution, give its NAME instead of street and number) s. / ds. 2 How long In U.S. N of foreign birth? yrs mos ds.
0 0 1 .	occurred yrs,	Os. Zirow long in 0.5. ii of foreign biling
2. FULL NAME Infant of	fired for, n	Epsier.
(a) Residence: No. U Jalus	(Usual place of abode)	TA St., O Ward. If nonresident give city or town and State
PERSONAL AND STATISTICA		MEDICAL CERTIFICATE OF DEATH
	INGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Made Twhite	R DIVORCED (write the word)	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	100	(Month) (Day) (Year)
(or) WIFE of		22. C HEREBY CERTIFY That I atlanded deceased fro
10	to an 1021	Mr 7 8 195/ 10 Mr 75 1957
6. DATE OF BIRTH (month, day, and yeer) 7. AGE Years Months	Days If LESS than	I last saw harmalive on 1967; deeth is sai
. AGE MORENS	1 day, hrs.	to have occurred on the dete stated above, atm The PRINCIPAL CAUSE OF DEATH and related causes of importance
9. Trade profession or particular	min.	were a follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month end year) 11. Total time (years) spant in this occupation		Malasson: trought on by lack
		no and all I amounted.
		no endere of diorrhora or any other infec-
		Contraction - Factor
		Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) New	alistrung	
1	mico Co. O Mg	r
13. NAME Fired M. Ho	sur.	
13. NAME fired W. Ho	Salisbury,	Name of operation
(State or country)	June Co.	What test confirmed diagnosis Was there an autopsy?
16. BIRTHPLACE (city or town) Delawate		23. If death was due to external causes (VIOLENCE) fill in also the following:
O 16. BIRTHPLACE (city or town)		Accident, sulcide, or homicide?
- P 1 - 1 1 1 1		Where dld injury occur? (Specify city or town, county and State)
(7. INFORMANT Fred M. of	seur	Specify whether Injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVALY Place Pareous Cem Date Nov. 30, 1931.		Manage of Jahren
		Manner of injury
or 11.00 a 9	Harris On	
19. UNDERTAKER ALL ALL ALL ALL ALL ALL ALL ALL ALL AL	mon co.	24. Was disease er injury in any way related to occupation of deceased?
1130 21 0/21	The off	(Signed) M. M. M.
20. FILED 1000 0, 1991	May Justile Registrar.	(Address) Alach Al
If more blank		2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	li	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
DEC 4 7331			
Other contributory causes of importance:	1	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

1. PLACE OF DEATH	221
County Wiconies	Registration Dist. No. 22 2
Village or City Courellvelle ma	No. St., Ward
	(If death occurred in a hospital or institution, give its NAME instead of street and number) os. ds. How long In U.S. if of foreign birth?yrsmosds
2. FULL NAME Ellew Jarm su.	
	04 W1
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give eity or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Female white OR DIVORCED (write the word)	Month (Day) (Year)
58. If married, widowed, or divorced HUSBAND of M	(month) (bay) (lear)
(or) WIFE of	22. HEREBY CERTIFY. That I attended deceased from
A CONTRACT	fully 1981 to movember 1931
6. DATE OF BIRTH (month, day, end year) Surice 15, 183	alive on 1997; death is said
7. AGE Years Months Days If LESS than 1 day, hrs	to heve occurred on the date stated above, et
	were as follows:
8. Trede, profession, or particular kind of work done, as SPINNER,	NO THE REST OF THE PARTY OF THE
SAWYER, BDDKKEEPER, etc.	- Chrisme museural personers
work was done, es SILK MILL, SAW MILL, BANK, etc.	my carally 3 years
10. Date deceased last worked at 11. Total time (years)	agricular Jum augn ' (ago
this occupation (month and spent in this year)	
12. BIRTHPLACE (city or town)	Other Contributory Causes of Importance:
(State or country) Maryland.	
13. NAME Edward Cooper.	
13. NAME Edward Color 14. BIRTHPLACE (city or town)	Neme of operation Travel Date of
(State or country) M.	What test confirmed diagnosis? elimical Was there an autopsy? Mu
15. MAIDEN NAME Lovey Truth.	23. If deeth wes due to externel causes (VIOL ENCE) fill in also the following:
15. MAIDEN NAME Sovey Truitt. 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury 19
(State or country) and.	Where did injury occur?
17 INFORMANT Mr. Edward Dennis.	(Specify city or town, county and State) Specify whether injury/occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Powellarile on	- to he had
18. BURIAL, CREMATION, DR REMOVAL	Menner of injury
PlaceMent Cereating Dete Mrv. 3, 1931	Nature of injury
19. UNDERTAKER J. W. Burbaye	24. Was disease or injury in any way related to occupation of deceased? 720
(Address)	if so, specify
20 EUED Move 2 10 31 Leland J. Truth	(Signed Franks & Lives M.
20. FILED 19 01 accents J Francisco	(Address) Willards marifland.

STATE OF MARYLAND-CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related eauses of importance were as follows:	Date of onset	The principal cause of death and related eauses of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of cpilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July5,1927	Peritonitis	3 days ago
BURRAU V. B			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. Mo. 1

STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	10010
County Wicomico	Registration Dist. No. 333
Village or City dals frage	No. St., Ward
Langth of residanca in city or town where death occurred	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long In U.S. if of foreign birth?
2. FULL NAME Woodrow Wilson	Kenney.
(a) Residence: No. West Wayn St.	St., 9 Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Thou H
Male While Single	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY, That I attended deceased from
(or) WIFE of	.19 to 19
2 DATE OF DURING WAY 1 27 1912	I last saw h alive on, 19, death is said
6. DATE OF BIRTH (month, day, and year) + 27. 2 1912 7. AGE Years Months Days If LESS than	to have occurred on the data stalad abova, at
19 T 10 Iday. hrs.	The PRINCIPAL CAUSE OF DEATH and ralated causes of Importance
8 Trade profession or particular	were es follows: Date of onset
8. Trade, profassion, or particular kind of work dona, as SPINNER, Grocery Clerk, SAWYER, BDDKKEEPER, etc. Grocery	should haddene of the
9. Industry or business in which work was done, as SILK MILL,	
work was done, as SILK MILL, SAW MILL, BANK, atc.	Result of autumobile account
10. Date decaasad last worked at this occupation (month and spent in this	an white trogrammy - the
this occupation (month and spent in this occupation occupation	mile- Human In dish ook hour
12. BIRTHPLACE (city or town) Hisomised Co.	Differ Contributory Causes of importance.
(State or country)	mount held - no autopy
13. NAME James Q. Stenney Sr.	
14. BIRTHPLACE (city or town). Mardell & Springs.	Name of operation Data of
(State of Country)	What test confirmed diagnosis? Was there en autopsy? here
15. MAIDEN NAME Jennie M. Calloway	23. If death was due to external causes (VIOLENCE) fill In also the following:
16. BIRTHPLACE (city or town) Deafoul, Del.	Accident, sulcide, or homicida? . accident Dete of injury 1/16 193/
∑ (State or country)	Where did Injury occur? In laste haven - manticule Board
Daniel De M	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
17. INFORMANT AMES W. Renney Ar.	Publis Highway
18. BURIAL, CREMATION, DR REMOVAL	(Manner of Injury Lewish & Incesting al Shall
Place Larsmy Ceme, Data, Wov. 18, 19.31	Nature of Injury Cutto area closed
19. UNDERTAKER They Hill & Johnson co.	24. Wes disease or Injury In any way related to occupation of dacassad?
(Address) Salistyfry mg.	If so, specify
20. FILED Nov /8, 1931. D. May Junes. Registrar.	(Signad) S. 74 white works M.D. (Address) Sulishy my
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	l	Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

No.

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IDLACE OF DEATH	10014
PLACE OF DEATH	STATE OF MARYLAND
County /// Come &	CERTIFICATE OF DEATH
9151 0011	Registration Dist. No. 333
Village or City alichen (No. 18-0) # 4	
Vinage or City (No. / No.	St.: 8 Ward) (If death occurred i
2FULL NAME Infant Mat	tion, give its NAME in stead of street an number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White Widowed OR DIVERSED	(Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
Avv. 12 1931	Mw. 12 1911. to har 12, 191
(Month) (Day) (Year)	that I last saw halive on, 192
7 AGE [If LESS than	and that death occurred on the date stated above, atm
O O I day hrs.	
yrs. 0 mos. 0 ds. or min.?	f) f
(a) Trade, profession or	Thuchene full
particular kind of work (b) General nature of industry	(yms)
business, or establishment in	
which employed or (employer)	(Duration)yrs ds
9 BIRTHPLACE (State or enuntry) Maryland	Contributory Secondary
10 NAME OF SOME AD ON THE ALLEN	(Signed) Duration yes mos ds
II BIRTHPLACE	190. 13 1921 (Address) Johnston
OF FATHER (State or country) Maryland	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of Mother Fellian Ennis	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE	ients or Recent Residents)
OF MOTHER (State or Country) Manyland	At place In the of death yrsmos., ds. State yrsds.
4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
1. pmill	Former or usual residence
(Informant) Ses. 1. Millher J	19 PLACE OF BURIAN OR REMOVAL DATE OF BURIAN
(Addid . #4, Salisting HO	Bethel Church Com May 13 31
Filed Nov 131923/ L. May Junes	Follows & G. Jahran And.
If more branks are needed, address State Registrar.	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

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(Approved by U. S. Census and American Public Health Association.)

whatever, write Nonc. state occupation at beginning of illness. If retired from er," etc., Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servout, Cook ployed. as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Housemaid, etc. If the occupation has been changed to report Foreman, (b) Automobile factory. The material engineer, Stationary fireman, etc. But in or At Home, and children, For many occupations a single word or term on Form laborer, Loborerwithout more precise specification as Day specifically the occupations of persons en-Compositor, Architect, Locomotive engineer, For persons who have no occupation not gainfully em-(b) Grocery Wom-

Statement of Cause of Death—Name, first, the Insease Causing Death (the primary affection with respect to time and causation), using always the same accepted te: in for the same disease. Examples: Corobrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobor pneumonia, Bronchopneumonia ("Pneumonia,")

tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy." "Collapse," "Coma," "Convulsions," stated unless important. use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sorcoma, etc., of as fracture of skull, and consequences (e.g., sepsis, telanus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "PUERPERAL xepticuemia," "PUERPERAL peritonitis," etc. "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia." "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, causing (secondar/ unqualified, is indefinite); Tuberculosis of lungs, mengarbolic acid-probably suicide. Then ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, State cause for which surgical operation was undercun be ascertained as the cause. "Exhaustion," Chronic interstitiol nephritis, American Medical Association.) approved Examples: Accidental drowning; Struck by railway troin-Recommendations on statement of cause of Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS STATE MEANS OF INJURY death), 29 ds.; Bronchopncumonia (secondary), name origin; "Cancer" is less definite; avoid by cough; or intercurrent) Committee on Nomenclature ('hronic Example: Measles (disease etc. The contributory affection need not be valvular heart disease; Always qualify all "Dropsy,

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is ecsential and must be obtained before the certificate is permanently filed

V. S. No. 1

STATE OF MARYLAND—CERTIFICATE OF DEATH

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, 1	4	7	-7	17
a J	U	U		91
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1. PLACE OF DEATH	(93-	
County W. comics		Registration Dist. No. 333
Village or City Allen)	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where deat		death occurred in a norphat of institution, give its tyangle instead of street and number) ds. How long in U.S. if of foreign birth?yrs,mosds,
2. FULL NAME Sarah	ma Brid	<u> </u>
(a) Residence: No. Olle	(Usual place of abode)	St., Ward. If nonresident give city or lown and State
PERSONAL AND STATISTIC	AL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5.	SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Nov 30, 193 (Year)
5a. If marriad, widowad, or divorced HUSBAND of (or) WIFE of Maslungt	on me Bride	22. HER BY CERTIFY. That I attended deceased from 30, 1931, to 30, 1931
6. DATE OF BIRTH (month, day, and year)	-20-1844	l last saw h
7. AGE Yaars Months	Days If LESS than 1 day,	to have occurred on the date stated above, at
about 81	10 ormin.	were as follows:
8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BODKKEEPER, etc	none	Change
kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc. SAWYER, BODKKEEPER, etc. SIndustry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc. O 10. Data deceased last worked at this occupation (month and	none	
O 10. Data deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation	
1z. BIRTHPLACE (city or town) Cl	len	Other Contributory Causes of Importance:
1 40	, years	
13. NAME Blacknown 14. BIRTHPLACE (city or town). Und (Stata or country)	lenown	Nama of operation
E 15. MAIDEN NAME	Peters	What tast confirmed diagnosis? Was there an autopsy? 23. If death was due to external causes (VIDLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	lew	Accident, suicide, or homicide?
17. INFORMANT Mrs. Marth	a Polks	Where did injury occur?
18. BURIAL, CREMATION, DR REMOVAL Place Friendship Cemetery	Date 15 ec 14, 1931.	Mannar of injury
19. UNDERTAKER James F. Stewa (Address) 4026, Clynch St	and a graph of the same of the	24. Was disease or injury In any way related to occupation of deceased?
20. FILED DLC 1-, 183/ U. N	Lay Jurner Registrar.	(Signad) M. D. (Addrass) Seeline D.
If more blan	nks dre needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example I	8 d	Example II	
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Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
DOUGAU V g			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

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-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	nation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	IION is very important. See instructions on back of certificate.
RI	tion	SO	NO
1	na	CA	LI

STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	
County Willemiso	Registration Dist. No. 337
	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth? yrs. mos, ds.
2. FULL NAME Paclen A. D. exam	131
The state of the s	Ot Wash
(a) Residence: No. A manufacture (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. Nor 1 GERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and yeer) June 19 1929 7. AGE Wears Months Days If LESS than	I last saw h Amalive on Nov. 1.5, 19.3.(; death is said to have occurred on the date stated above, at \$152 m
2 1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc. J. Industry or business in which	0.00
work wes dono, as SILK MILL, SAW MILL, BANK, etc	
11. Total time (yeers) this occupation (month end yeer) occupation	,
12. BIRTIIPLACE (city or town) Mantisake off	Other Contributory Causes of importance:
13. NAME Reincl perry	Name of operation none Date of
(State or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Lanck, Larely	23. If death was due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide
17, INFORMANT Prime Degrey	Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Mantapart (1)	BHONE
Place yanticake Date navy7,193/	Nature of injury By
19. UNDERTAKER Are lall essiet 4 fon	224 Was disease or Injury In any way related to occupation of deceased?
20, FILED Mod 16, 1931 P. Wool for Wally	(Signed) Cella Diela M. D.
Registrar.	(Address) Administration Province (2) S. N.

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To be complete, an occupation return must state:

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I The principal cause of death and related causes of importance were as follows:		Example II		
		Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	II hea	1915	Attack of epilepsy	1 week ago
Chronie interstitial nephritis		1921	Run over by street car	1 week ago
Cerebral hemorrhage	RITTON	July 5,1927	Peritonitis	3 days ago
Other contributory cause	s of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1928	Gastroenteritis	1 year

STATE (OF MARYLAND	CERTIFICATE OF DEATH 13518
County Correction Village or City Coles	buy	Registration Dist. No. 333 No Perr. Sery Low St., 13 Ward
Length of rasidance in city or town where	11 /1	f death occurred in a hospital or institution, give its NAME instead of street and number) sds. How long in U.S. if of foreign birth? yrs mos ds.
2. FULL NAME	lalleda	lesh
(a) Residence: No. Warn	cester (s, M) (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATIST	ICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Teurole White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (revite the word)	21. DATE OF DEATH 20 (Year)
5a. If married, widowed) or divorced HUSBAND of (or) WIFE of	Teddish	22. HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) 7. AGE Yaars Months	Days If LESS than	I last saw h aliva on have a liva on 1931; death is said to have occurred on the date stated above, at 8:30 a.m. The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trada, profession, or particular kind of work done, as SPINNER, SAWYER, BODKKEPER, etc.	Louseville	wers as follows: Oute of onset The plant fever. Out. 9-5
kind of work done, as SPINNER, SAWYER, BODKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	, 	
O 10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spant in this occupation	
[2. BIRTHPLACE (city or town) (Stata er country)	eyland	Dther Centributory Causes of Importance:
14. BIRTHPLACE (city or town)	of the second	Name of operation Date of
(State of Country)	esqueen	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (Stata or equntry)	and a	23. If daath was due to external causes (VIOL ENCE) fill in also the following: Accident, suicide, or homicide?
17. INFORMANT ACCORDANCE (Addrass)	Blee les med	Where did injury occur?(Specify city or town, county and State) Specify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, ON REMOVAL Place Despise Delega	- Daje 20 20 , 13)	Manner of Injury
19. UNDERTAKER ALLOW (Address)	lever forted	24. Was disease or Injury In any way related to occupation of deceased?
20. FILED / 1. V. 20, 19.3/2 X	May Jurne	(Address) Salisby my.
If more	e blanks are needed, address State Registrar,	, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

infor-

Jo

(89-)	
11	Registration Dist. No. 333
Visit 1	
laury	No. 1505 (. Olimers St., 9 Ward death occurred in a hospital or institution, give its NAME instead of street and number)
h whara death-occurred / / yrs mos.	
1 Busha Tun	an Nussell h
En Milia	
(Usual place of abode)	St., Ward. If nonresident give city or town and State
ATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
ACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
OR DtVORCED (write the word)	/WV. 7 193/v
2 designed	(Month) (Day) (Year)
is alo)	22. 1 HEREBY CERTIFY, That t attandad deceased from
	/100:16 131 to no 32 1931
1) NOV. 16, 1912.	I last saw h aliva on 7 2 2 193/ death is sald
onths Days If LESS than	to have occurred on the date stated above, at 1.30 hm.
0 lday, hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were se follows:
	Date of onset
NER,	Pachyleptomenngete 116
. P. A	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
- West - Vulling	Deffered
11. Total time (yaars) spent in this occupation	
	Other Contributory Causes of Importance:
il himi'n	Pleine Madas Celloty
300	1 pecins 11 minus 300 mg
. J. Jeurell	
Marile	Name of operation Data of
may and	What tast confirmed diagnosis? Was there an autopsy?
X Mure Rectack	23. If death was due to external causes (VIOL ENCE) fill in alsa tha following:
m. I	Accidant, suicide, or homicide?
Lifting	Where did injury occur?
J. T. Ruspell	(Specify city or town, county and State) Specify whathar injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
hay, had	***************************************
mil ulville	Manner of injury
1 19 1, 19 1	Natura of injury
(Alism), O.	24. Was disease ar Injury in any way related to occupation of decaasod?
ulling Thd.	If so, specify
It may luner	(Signed) M.D.
Registrar.	(Address) / alustury Md
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

STATE OF MARYLAND—CERTIFICATE OF DEATH

S. No.

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A COLOR	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ano
BURRAU V S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

FOR BINDING

MARGIN RESERVED

V. S. No. 1

1. PLACE OF DEATH	1052
County Miconico	Registration Dist. No. 3 3 3
	ND. St., Ward
2. FULL NAME Mystle Stanley	osds. How long In U.S. if of foreign birth?
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 6. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) 6. If married, widowed, or divorced	21. DATE OF DEATH (Month) (Day) (Year)
HUSBAND of (or) WIFE of Sungle	22. 1 HEREBY CERTIFY. That y attended deceased from 18/19/19/19/19/19/19/19/19/19/19/19/19/19/
6. DATE OF BIRTH (month, day, and year Morelle 966 7. AGE Years Months Days 1 LESS than 1 day,hrs 0 rmin.	meter as collines.
8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc 9. Industry or business in which work was done, as SIŁK MILL, SAW MILL, BANK, etc 11. Total time (years)	acate Aughrites Date of once
Date deceased last worked et this occupation (month end year) 11. Totel time (years) spant in this occupation 12. BIRTHPLACE (city or town) Shearblower	Dther Contributory Causes of Importance:
(State or country) 13. NAME 14. BIRTHPLACE (city or town) Sheaflacer (State or country)	Name of operation. What test confirmed diagnosis? Cleaners End. Was there an autopsy?
15. MAIDEN NAME (Clesta Cock 16. BIRTHPLACE (city or town) Sharftener (State or country) 17. INFORMANT (Address)	23. If death was due to externel causes (VIDLENCE) fill In elso the following: Accident, suicide, or homicide?
18. BURIAL, CREMATION, OR REMOVAL Place charftour les Date / Dr. 19.31	Manner of Injury
19. UNDERTAKER AND Separate Many Mal	24. Was disease or injury in any wey related to occupation of deceased?
20. FILED Nov. 19, 1931 Mary E. Marina. Registrar.	(Signed) Y. M. [(Address) M. [(Address) J. J. No. 1.

STATE OF MADVI AND CEDTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	Example II		
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
25URBAU V. B.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

X		PHYSI-
	CORD	EXACTLY, iy classified
0	WRITE PL ALY, WITH UNFADING INK-THIS IS A PERMANENT CORD	ry item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-
OR BINE	A PERM	ACE shouthat it m
MARGIN RESERVED FOR BIND	<this is<="" td=""><td>supplied.</td></this>	supplied.
IN RESE	ADING IN	carefully
MARG	ITH UNF/	SE OF DE
	ALY, W	state CAU
	VRITE PL	item of i
		CZ

,	1	15522
HYSI- Exact	PLACE OF DEATH	STATE OF MARYLAND
	County TW LCOMMAN	CERTIFICATE OF DEATH
,≺, Fied	STRIR SAMPARATA LIMITA OF	Registration Dist. No. 33
ated EXACTLY, Poperly classified.	Village or City & alishury md (No. Pen. Gen	a hospital or institu- tion, give Its NAME is -
m ≥=	2FULL NAME James Jale, 2	alishum and steed of street and number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
0	male Color or RACE 5 SINGLE, MARRIED, Married WIDOWED, OR DIVORCED	16 DATE OF DEATH NOV , 13 , 1931
houid be t may be on back	(Write the word)	(Month) (Day) (Year)
	6 DATE OF BIRTH	17 I HEREBY CERTIFY, Thet I attended the decessed from
piled. ACE srms so that instructions	(Month) (Day) (Year)	that I last saw h Melive on NOV 11, 1921,
So t	7 AGE [If LESS than	and that death occurred on the date stated above, at
piled rms instr	4/ yrs. mos. ds. or min.	The CAUSE OF DEATH * was as follows:
supplin term	OCCUPATION (a) Trade, profession or	Feartweel Puls Felt
> "	particular kind of work Laborer	Frechnel Fernen Rt
efully in piai tant.	(b) General nature of industry business, or establishment in which employed or (employer)	Outo-accident (Duration) yrs mos 3 ds.
be carefull EATH in pig important.	9 BIRTHPLACE (State or country)	Contributory Secondery (Durstion) yes mos ds.
uld F D	10 NAME OF FATHER UNKNOWN	(Signed), M. D.
she is	OF FATHER	fulfill 1923/ (Address) fallet pull
CAUS	Z (State or country)	*State the Discase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
- «	of Mother Unknows	18 LENGTH OF RESIDENCE (For Hospitels, Institutions, Trans-
f Inform d state	13 BIRTHPLACE OF MOTHER 71. Parallana	At place
± 50	(State or Country)	of deathyrsmosds. Stateyrsds. Where wes disease contracted.
should should ant of C	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not et plece of dea.h?
Every item CIANS sha statement	(Informan Seminaula Ten pasfulal	usual residence falling had
Every CIANS staten	(Address) Saleslery Dd	11 + 2 2.1 h
CIL	15 Filed Nov 2/ 1923/, & May Turner	20 UNDERTAKER APDRESS
(F)	Registrar	Top Melloait Salealunger
ZI	If more bienks are needed, address State Registrar	, 16 W. Seratoga St., Belto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servani, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer-Coal mine, etc. Women at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of whatever, write None. business, that fact may be indicated thus; Farmer (reto report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a or given up on account of the DISEASE CAUSING DEATH, Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on especially in industrial employments, it is neceswithout more precise specification as Day For persons who have no occupation (b) Automobile factory. The material 6 Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

approved by Committee on Nomenclature of the tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "(Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. (secondary or intercurrent) affection need not be Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of death and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-American Medical Association.) as fracture of skull, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely, taken. For violent deaths state means of injuly "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-'Congenital,' "Senile," etc.), "Dropsy,"
"Heart failure," "Haemorrhage," and consequences (e. g., sepsis, Example: Measles (disease

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanantly filed.

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STATE OF MARYLAND	CERTIFICATE OF DEATH
County Millorical	Registration Dist. No. 335
Village or City Three place of	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth? yrs. mos, ds.
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
FERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE ORDIVORCED (write the word) 5a. If married, widowed, or divorced	21. DATE OF DEATH (Month) MEDICAL CERTIFICATE OF DEATH (Month) (Day) (Year)
HUSBAND of Waddie Jamell	22. I HEREBY CERTIFY, Thet I ettended deceased from
6. DATE OF BIRTH (month, day, and year) SEAL 14 1896 7. AGE Years Months Days If LESS than 1 day,	I lest saw h
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc. 10. Dato deceased last worked at this occupation (month and year) 12. BIRTHPLACE (city or town) 12. BIRTHPLACE (city or town)	Other Contributory Causes of importance:
(State or country) 2 13. NAME FACTOR FROM 14. BIRTHPLACE (city or town) (State or country) (State or country)	Name of operation Dete of
15. MAIDEN NAME/MMUE Morros, 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT HAWEY Trull (Address)	23. If death wes due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Accident. Date of injury Nov 25, 1931. Where did injury occur? Sharmown Wicomico 6, MM (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR FEMOVAL Place Dean Stands out Date 30 ,193!	Manner of injury Downld
19. UNDERTAKER AND Sharp own Med	24. Wes disease or injury in any wey releted to occupation of deceased?
20. FILED NOV. 30, 1921 Mary Man Registrar.	(Signed) Mally J. Mann Color Coronwom, D (Address) Sharpstown Who

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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1. PLACE OF DEATH

STATE OF MARYLAND—CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
- TARREST V.S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

-WRITE

S. No. 1

CAUSE mation

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MOTHER

state infor-

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What test confirmed diagnosis?_ Was there an autopsy?_____ 15. MAIDEN NAME 23. If death was due to external causes (VIDLENCE) fill in also the following: Accident, suicide, or homicide?______ Date of Injury_____ 19 16. BIRTHPLACE (city or town) (State or country) (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE. 17. INFORMAN (Address) 18. BURIAL, CREMATION, DR REMOVAL Manner of injury Nature of injury_ 24. Was disease or Injury In any way related to occupation of deceased? 19. UNDERTAKER (Address) If so, specify (Signed) Registrar. (Address) If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example I	-	Example II	
The principal cause of death and related causes of importance were as follows:			The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	DFC 4 1021	1915	Attack of cpilepsy	1 week ago
Chronic interstitial nephritis	3	1921	Run over by street car	1 week ago
Cerebral hemorrhage	BURDAU V.	July 5,1927	Peritonitis	3 days ago
Other contributory cause	es of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state Exact statement of OCCUPA--WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-CAUSE OF DEATH in plain terms, so that it may be properly classified. MARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate.

County Wigomics Village or City Salisbury (15 dec	Registration Dist. No. 332
Village or City Salisbury	
(If deat	No. St., Ward
	ath occurred in a horpital or institution, give its NAME instead of street and number) ds. How long to U.S. if of foreign birth?
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give eity or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male white OR DIVORCED (write the word)	1. DATE OF DEATH) (Month) (Oay) (Year)
a. If married, widowed, or divorced HUSBAND of (or) WIFE of	2. I HEREBY CERTIFY. That I attended deceased from
DATE OF BIRTH (month, day, and year) Nov 5- 1931	I last saw h alive on, 19; death is said
AGE Yaars Months Days If LESS than to 1 day,hrs.	to have occurred on the dato stated abova, atm The PRINCIPAL CAUSE OF DEATH and polated causes of importance
8 Trada profession or particular	Pere at follows: Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Oata deceasad last worked et this occupation (month and	
yaar) occupation no	Other Coutributory Causes of importance:
(State or country) 2. BIRTHPLACE (city or town) Salislury	Other Countrollery Causes of Importance.
13. NAME Gennie Wells	
13. NAME Gennie Wells 14. BIRTHPLACE (city or town) Pittarille N	Name of operation Data of
	What test confirmed diegnosis? Was there an eulopsy?
7 0.	3. If death was due to external causes (VIOLENCE) fill in also the following: Accidant, suicide, or homicide?
(State of equitity)	Where did injury occur?(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
place Has many foremetal and Non- 10 101311	Manner of injury
	4. Was disease or injury in any way related to occupation of deceased?
10. FILEO Mor 6, 193/ Island & Srier Registrar.	(Signed) Crayles 77 From M. (Address) Salishy Rug

Statement of occupation.-Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages. however, designate the occupation by the appropriate terms, as servant-private family, cook-hotel, etc. For a person who had no occupation whatever write none.

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11.—The number of years the deceased followed the occupation.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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	Example I		Example 11	
The principal cause of death and related causes of importance were as follows:		Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	PROBIVED	1915	Attack of epilepsy	1 week ago
Chronic interstitial neph	ritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	DEC # 1931	July 5,1927	Peritonitis	3 days ago
	REGRAU V.S.			
Other contributory ca	uses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroentcritis	1 year

ADDITIONAL SP.	ACE FOR FURTI	HER STATEMENT	S BY PHYSICIAN	

V. S. No. 1

STATE OF MARYLAND	CERTIFICATE OF DEATH 15527
2. PLACE OF DEATH County lucone Co	Production Diet No. 3333
	Registration Dist. No.
Village or City Schoolshary	No. 5 Cauta St., 7 Ward (death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos	ds. How long In U. S. if of foreign birtb?yrsmosds.
2. FULL NAME Callerine Meilliam	LO:
(a) Residence: No. 315 Dalhing St (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICACTE OF DEATH
4. COLOR OR RACE 5. StNGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF HEATH SEN 22 (Bay) (Year)
A. If married, widowed, or divorced HUSBAND of (or) WIFE of	Novem ter 20 1931 to Kovember 22 19 31
6. DATE OF BIRTH (month, day, and year) (lug 15- 1927	liast saw h W alive on Kovember 22 1931 death is said
7. AGE Years Months Days If LESS than t day,hrs. ormin.	to have occurred on the date stated above, at
8 Trade profession or particular	were as follows: Date of onact
Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as STLK MILL, SAW MILL, BANK, etc. 10. Dale deceased last worked at this occupation (month and	Deptherea Laryngeal
work was done, as SILK MILL, SAW MILL, BANK, etc.	
Do Dale deceased last worked at this occupation (month and year) 1t, Total time (years) spant in this, occupation	
12. BERTHPLACE (city or town) Salvalury and	Other Contributary Causes of Importance:
(State or country) 2 13. NAME Cameralla Muller	-
13. NAME Combatte Stelleams 14. BIRTHPLACE (city or town) Path break	Name of operation Date of
(State or country)	What test confirmed diagnosis? Lak Was there an au'opsy? No
t5. MAIDEN NAME Margie Camplerong 16. BIRTHPLACE (city or town) Deals I slonger (State or country)	23. If death was due to external causes (VIOL ENCE) fill In aiso the following:
o 16. BIRTHPLACE (city or town) A lals I slonged	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did Injury occur?(Specify city or town, county and State)
17. INFORMANT CAMPAINTES Melleanna. (Address) Saleshing and	Specify whether Injury occurred In INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Piace Juston toland Date for 23,196/	Nature of injury
19. UNDERTAKER State and 19. (Address) Saladurus And	24. Was disease or Injury In any way related to occupation of deceased?
20. FILED Nov 23, 1931, & Today Turner Registrar.	(Signed) Growne M.D. Snowne M.D. (Address) Salisbury, Maryland
If more blanks are needed, address State Registrar	24 T. N. Charles Street Baltimore Requesting 7) S. Way

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal eause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
WIRDAU V.S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

PLACE OF DEATH	STATE OF MARYLAND
County We Conce	CERTIFICATE OF DEATH
5 0	Registration Dist. No. 35 (c
Village or City Delmar (No	St.: Ward) St.: Ward) (If death occurred in a hospital or institution, give liss NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH
6 DATE OF BIRTH	17 1 HEREBY CERTIFY, That I attended the deceased from
(Month) (Day) (Year)	that I last saw h 25 alive on 100, 8 , 1923/
7 AGE If LESS than 1 day hrs. 15 ds. or min.?	and that death occurred on the date stated above, at
(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in	(Durstion) yrs. mosde
9 BIRTHPLACE (State or country) Selano	Contributory Secondory (Doronon) yrs mos. de
10 NAME OF FATHER Thomas Welson (1) 11 BIRTHPLACE	(Signed) 1 (Address) Delica Del
Z (State or country) DECarre	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of Mother Macey adams	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country)	At place of death
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of deeth?
(Informant) Across Hall	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Castral A. C.	20 UNDERTAKER ADDRESS
Filed Mys 11 1981 H J Levens	Holloway 100 Salesburg
If more branke are needed, address State Registrar	1, 16 W. Soratoga St., Ballo, Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Colton mill; (a) Salesmon, (b) Grocery; (a) Foreman, (b) Automobile foctory. The material whatever, write Nonc. tired 6 yrs). business, that fact may be indicated thus; Former (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, Housemuid, etc. If the occupation has been changed gaged in domestic service for wages, as Scrvant, Cook, ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, House en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary freman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octo report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a r." etc., or At Home, and children, not gainfully em-For many occupations a single word or term on Farm laborer, Loborer-Coal mine, etc. Womwithout more precise specification as Doy For persons who have no occupation

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

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If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed

V. S. No. 1

	CERTIFICATE OF DEATH	
1. PLACE OF DEATH . (751)	20040	
County Vilovicas	Registration Dist. No. 330	
Village or City Mandela	ND. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)	
	3ds. How long in U.S. If of foreign birth?yrsmosds.	
2. FULL NAME Joseph D. Stind	er	
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 7 27 193.7 (Month) (Day) (Year)	
5a. If married, widowed of divorced HUSBAND of Octly A. Maridson	22. I HEREBY CERTIFY, That I attended deceased from august to the 1931, to Moreun Luc 28, 197	
6. DATE OF BIRTH (month, day, end year) Sept 24. 1879	I last saw h is elive on november we 27 4 19 31; death is said	
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 1.20 P.m.	
052. 2 3 1 day,	The PRINCIPAL CAUSE OF DEATH and clated causes of importance	
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which	Marchaeluine Date of onest	
0. work was dang as SHK MIII		
SAW MILL, BANK, etc		
12. BIRTHPLACE (city or town) / / / (State or country)	Other Contributory Canses of Importance: General files in his. 2	
13. NAME Danuel J. Kindson		
13. NAME ORNUEL S. Fundam 14. BIRTHPLACE (city or town) (State or country)	Name of operation Date of What test confirmed diagnosis? Was there en autopsy?	
15. MAIDEN NAME Olisafell A. Bailas	23. If death was due to external causes (VIOLENCE) fill in elso the following:	
16. BIRTHPLACE (city ortown) (State or country)	Accident, suicide, or homicide?	
17. INFORMANT Belly A. Mindson (Address) & marbela and		
18. BURIAL, CREMATION, OR REMOVAL Place Mandela Date 104, 29, 1931	Manner of injury	
19. UNDERTAKER It A Stravenor & Des (Address), Stray Lown, M.	24. Was disease or injury in any way releted to occupation of deceased?	
20. FILED W 28, 13/ JM Warmshower	(Signed) Melliam Brunch M. D.	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:		Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis		1915	Attack of epilepsy	1 week ago
Chronic interstitial nep	hritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	RECEIVED	July 5,1927	Peritonitis	3 days ago
	DEC 7 19ST			
Other contributory c	auses of importance:	1	Other contributory causes of importance:	2 11
Gallstones	LO MILIAU V. N.	May 1,1923	Gastroenteritis	1 year

S. No.

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Gallstones	May 1,1923	Gastroenteritis	1 year

	10001
PLACE OF DEATH	STATE OF MARYLAND
County Mer Come Co	CERTIFICATE OF DEATH
	Registration Dist. No. 333
NITHER CORN CAYS AND AND SELECTION OF THE SELECTION OF TH	
Village or City Salesbury (Not W)	St: Ward) (If death occurred In a hospital or institu-
2 FULL NAME Paland & Une	glite W. stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 BEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH November 19, 19231
	(Month)(Day)(Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from Mayamber 1 1921. to November 19, 1924.
(Month) (Day) (Year)	that I last saw h www alive on November 19, 1924,
7 AGE [If LESS than	and that death occurred on the date stated above, at 3 2 m.
yrs. 6 mos. 20 ds. or min.?	
8 OCCUPATION	Classe Same Cate
(a) Trade, profession or	yeur vramme
particular kind of work (b) General nature of industry	**************************************
business, or establishment in	(Paris) 14,
which employed or (employer)	Contributory Browsho-preumone
9 BIRTHPLACE (State or country)	Secondary
10 NAME OF O	(Durstion) yrs mos de.
FATHER ANDRES OF SIME CALL	(Signed) M. D.
() II BIRTHPLACE	19257 (Address) Ballotury 1/102.
Z (State or country)	*State the Disease Causing Death, or, In deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER OF MAN ME ME MAN ME	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE	ients or Recent Residents)
OF MOTHER	At place of deathyrsmosds. In the Stateyrsmosds.
(State or Country)	Where was disease contracted.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea.h?
(Interment) anna M Wught	Former or usual residence
(Address) Salishurd ma	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
h +1 21 /1/1/1 /1	20 UN DERTAKER ADDRESS
Filed hov. 2/1923/, of May June	20 UN DERTAKER ADDRESS Dalesleury MA
	r, 66 W. Saratoga St., Balto., Requesting V. S. No. 1.
it more maines are needed, address state negistra	The state of the s

-REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

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